

APPLICATION FOR PERMIT-EXPLOSIVE USE

DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION

250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only
App. #: _____ Permit #: _____
Permit Class: **A** Unlimited all types _____
B General aboveground _____
C General underground _____
D Demolition _____
G Special _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Name of person applying on behalf of applicant: _____
2. Position: _____
3. Applicant/Employer Name: _____
4. Applicant/Employer Address: _____
5. Office Phone: _____ Alternate Phone: _____ Fax: _____
6. Site (Permit Location) Address: _____
7. Site Operational Building (square feet) where materials are stored/used: _____
8. Attach a copy of your current valid Detroit Fire Marshal, Explosive Use, Certificate of Fitness :
9. List material(s) and amount(s) for which permit is requested at this Site (attach separate sheet, if necessary):

10. On a separate sheet, describe, with specificity, the business operation/activity at Site.
11. Attach a copy of the applicant's current valid state driver's license and training certifications in the use of explosive materials.
12. Attach plans/drawings detailing where and how and when the materials will be stored and used on the premises.
13. During the last five years have you or anyone employed by applicant been indicted for or convicted of a crime punishable by imprisonment for a term exceeding one (1) year? If so who and what crime?

AFFIDAVIT OF PERSON APPLYING ON BEHALF OF APPLICANT

State of Michigan)
County of _____) ss

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal to grant, or revocation of the permit. I agree to a criminal background check of me by the issuing Authority or his/her designee.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____, _____.

Print Name: _____, Notary Public, _____ County

My Commission expires: _____